

109TH CONGRESS  
1ST SESSION

# S. 1010

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

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## IN THE SENATE OF THE UNITED STATES

MAY 12, 2005

Mr. SANTORUM (for himself, Mr. LIEBERMAN, Ms. COLLINS, Mr. BINGAMAN, Mr. NELSON of Nebraska, Ms. SNOWE, Mr. GRAHAM, Mr. JEFFORDS, Ms. LANDRIEU, and Mr. DORGAN) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

### 3   **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Colon Cancer Screen  
5   for Life Act of 2005”.

### 6   **SEC. 2. SENSE OF CONGRESS.**

7       It is the sense of Congress that—

1           (1) colorectal cancer screening tests (as defined  
2           in section 1861(pp)(1) of the Social Security Act (42  
3           U.S.C. 1395x(pp)(1)) covered under the medicare  
4           program have been severely underutilized, with the  
5           Comptroller General of the United States reporting  
6           in 2000 that since coverage of such tests was imple-  
7           mented, the percentage of beneficiaries under the  
8           medicare program receiving either a screening or a  
9           diagnostic colonoscopy has increased by only 1 per-  
10          cent;

11          (2) in recognition of the need to improve rates  
12          of colorectal cancer screening in the medicare pro-  
13          gram, Congress enacted provisions in the Medicare  
14          Prescription Drug, Improvement, and Modernization  
15          Act of 2003 to require physicians to provide a refer-  
16          ral for colorectal cancer screening as part of the new  
17          initial preventive physical examination, beginning  
18          January 1, 2005;

19          (3) the Centers for Medicare & Medicaid Serv-  
20          ices should encourage health care providers to use  
21          more effective screening and diagnostic health care  
22          technologies in the area of colorectal cancer screen-  
23          ing;

24          (4) in recent years, the Centers for Medicare &  
25          Medicaid Services has subjected colorectal cancer

1 screening tests to some of the largest reimbursement  
 2 reductions under the medicare program;

3 (5) unlike other preventive screening tests cov-  
 4 ered under the medicare program, health care pro-  
 5 viders must consult with beneficiaries prior to fur-  
 6 nishing a screening colonoscopy in order to—

7 (A) ascertain the medical and family his-  
 8 tory of the beneficiary; and

9 (B) inform the beneficiary of preparatory  
 10 steps that must be taken prior to the procedure;  
 11 and

12 (6) reimbursement under the medicare program  
 13 is not currently available for the consultations de-  
 14 scribed in paragraph (5) despite the fact that reim-  
 15 bursement is provided under such program for simi-  
 16 lar consultations prior to a diagnostic colonoscopy.

17 **SEC. 3. INCREASE IN PART B REIMBURSEMENT FOR**  
 18 **COLORECTAL CANCER SCREENING AND DI-**  
 19 **AGNOSTIC TESTS.**

20 (a) IN GENERAL.—Section 1834(d) of the Social Se-  
 21 curity Act (42 U.S.C. 1395m(d)) is amended by adding  
 22 at the end the following new paragraph:

23 “(4) ENHANCED PART B PAYMENT FOR  
 24 COLORECTAL CANCER SCREENING AND DIAGNOSTIC  
 25 TESTS.—

1           “(A)   NONFACILITY    RATES.—Notwith-  
2           standing paragraphs (2)(A) and (3)(A), the  
3           Secretary shall establish national minimum pay-  
4           ment amounts for CPT codes 45378, 45380,  
5           and 45385, and HCPCS codes G0105 and  
6           G0121 for items and services furnished on or  
7           after January 1, 2006, which reflect a 10-per-  
8           cent increase above the relative value units in  
9           effect as the nonfacility rates for such codes on  
10          December 31, 2005, with such revised payment  
11          level to apply to items and services performed  
12          in a nonfacility setting.

13          “(B)   FACILITY    RATES.—Notwithstanding  
14          paragraphs (2)(A) and (3)(A), the Secretary  
15          shall establish national minimum payment  
16          amounts for CPT codes 45378, 45380, and  
17          45385, and HCPCS codes G0105 and G0121  
18          for items and services furnished on or after  
19          January 1, 2006, which reflect a 30-percent in-  
20          crease above the relative value units in effect as  
21          the facility rates for such codes on December  
22          31, 2005, with such revised payment level to  
23          apply to items and services performed in a facil-  
24          ity setting.

“(C) ANNUAL ADJUSTMENTS.—In the case of items and services furnished on or after January 1, 2006, the payment rates described in subparagraphs (A) and (B) shall, subject to the minimum payment amounts established in such subparagraphs, be adjusted annually as provided in section 1848.”.

(b) NO EFFECT ON HOPD PAYMENTS.—The Secretary of Health and Human Services shall not take into account the provisions of section 1834(d)(4) of the Social Security Act, as added by subsection (a), in determining the amount of payment for any covered OPD service under the prospective payment system for hospitals outpatient department services under section 1833(t) of such Act (42 U.S.C. 1395l(t)).

**SEC. 4. MEDICARE COVERAGE OF OFFICE VISIT OR CONSULTATION PRIOR TO A SCREENING COLONOSCOPY OR IN CONJUNCTION WITH A BENEFICIARY’S DECISION TO OBTAIN SUCH A SCREENING.**

(a) COVERAGE.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) in subparagraph (Y), by striking “and” at the end;

1 (2) in subparagraph (Z), by inserting “and” at  
 2 the end; and

3 (3) by adding at the end the following new sub-  
 4 paragraph:

5 “(AA) an outpatient office visit or con-  
 6 sultation for the purpose of beneficiary edu-  
 7 cation, assuring selection of the proper screen-  
 8 ing test, and securing information relating to  
 9 the procedure and sedation of the beneficiary,  
 10 prior to a colorectal cancer screening test con-  
 11 sisting of a screening colonoscopy or in conjunc-  
 12 tion with the beneficiary’s decision to obtain  
 13 such a screening, regardless of whether such  
 14 screening is medically indicated with respect to  
 15 the beneficiary;”.

16 (b) PAYMENT.—

17 (1) IN GENERAL.—Section 1833(a)(1) of the  
 18 Social Security Act (42 U.S.C. 1395l(a)(1)) is  
 19 amended—

20 (A) by striking “and” before “(V)”; and

21 (B) by inserting before the semicolon at  
 22 the end the following: “, and (W) with respect  
 23 to an outpatient office visit or consultation  
 24 under section 1861(s)(2)(AA), the amounts  
 25 paid shall be 80 percent of the lesser of the ac-

1           tual charge or the amount established under  
2           section 1848”.

3           (2) PAYMENT UNDER PHYSICIAN FEE SCHED-  
4           ULE.—Section 1848(j)(3) of the Social Security Act  
5           (42 U.S.C. 1395w-4(j)(3)) is amended by inserting  
6           “(2)(AA),” after “(2)(W),”.

7           (3) REQUIREMENT FOR ESTABLISHMENT OF  
8           PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-  
9           ULE.—Section 1834(d) of the Social Security Act  
10          (42 U.S.C. 1395m(d)), as amended by section 3, is  
11          amended by adding at the end the following new  
12          paragraph:

13          “(5) PAYMENT FOR OUTPATIENT OFFICE VISIT  
14          OR CONSULTATION PRIOR TO SCREENING  
15          COLONOSCOPY.—With respect to an outpatient office  
16          visit or consultation under section 1861(s)(2)(AA),  
17          payment under section 1848 shall be consistent with  
18          the payment amounts for CPT codes 99203 and  
19          99243.”.

20          (c) EFFECTIVE DATE.—The amendments made by  
21          this section shall apply to items and services provided on  
22          or after January 1, 2006.

1 **SEC. 5. WAIVER OF DEDUCTIBLE FOR COLORECTAL CAN-**  
 2 **CER SCREENING TESTS.**

3 (a) IN GENERAL.—The first sentence of section  
 4 1833(b) of the Social Security Act (42 U.S.C. 1395l(b))  
 5 is amended—

6 (1) by striking “and” before “(6)”; and

7 (2) by inserting before the period at the end the  
 8 following: “, and (7) such deductible shall not apply  
 9 with respect to colorectal cancer screening tests (as  
 10 described in section 1861(pp)(1))”.

11 (b) CONFORMING AMENDMENTS.—Paragraphs  
 12 (2)(C)(ii) and (3)(C)(ii) of section 1834(d) of the Social  
 13 Security Act (42 U.S.C. 1395m(d)) are each amended—

14 (1) by striking “DEDUCTIBLE AND” in the  
 15 heading; and

16 (2) in subclause (I), by striking “deductible or”  
 17 each place it appears.

18 (c) EFFECTIVE DATE.—The amendments made by  
 19 this section shall apply to items and services furnished on  
 20 or after January 1, 2006.

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